

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. 245810US-2TTCRD DIV	
		First Inventor or Application Identifier Yoshinori IIDA	
		Title	INFRARED SENSOR

<b>APPLICATION ELEMENTS</b> <i>See MPEP chapter 600 concerning utility patent application contents</i>			<b>ADDRESS TO:</b> Commissioner for Patents Mail Stop Patent Application Alexandria, Virginia 22313
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) <small>(Submit an original and a duplicate for fee processing)</small>			<b>ACCOMPANYING APPLICATION PARTS</b>
2. <input checked="" type="checkbox"/> Specification Total Sheets <span style="border: 1px solid black; padding: 2px;">79</span>			7. <input checked="" type="checkbox"/> Assignment Recorded at Reel 13265, Frame 744
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) Total Sheets <span style="border: 1px solid black; padding: 2px;">26</span>			8. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 (2 pgs)
4. <input checked="" type="checkbox"/> Oath or Declaration Total Pages <span style="border: 1px solid black; padding: 2px;">3</span>			9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <small>(when there is an assignee)</small> <input type="checkbox"/> Power of Attorney
a. <input type="checkbox"/> Newly executed (original or copy)			10. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>
b. <input checked="" type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) <small>(for continuation/divisional with box 17 completed) (3 pgs)</small>			11. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).</small>			12. <input checked="" type="checkbox"/> Preliminary Amendment (6 pgs)
5. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)			13. <input checked="" type="checkbox"/> White Advance Serial No. Postcard
6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>			14. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>
a. <input type="checkbox"/> Computer Readable Form (CRF)			15. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27</small>
b. Specification or Sequence Listing on :			16. <input checked="" type="checkbox"/> Other: Request for Priority
i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or			
ii. <input type="checkbox"/> Paper			
c. <input type="checkbox"/> Statements verifying identity of above copies			

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:

Continuation  Divisional  Continuation-in-part (CIP) of prior application no.: 10/106,787

Prior application information: Examiner: O. Gabor

Group Art Unit: 2878

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

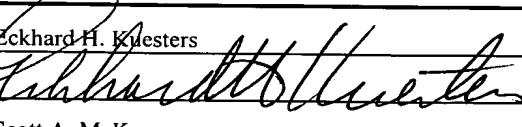
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16834 U.S. PTO  
10/17/2003  
120403



Docket No. 245810US-2TTCRD DIV

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

INVENTOR(S) Yoshinori IIDA et al.

SERIAL NO: New Divisional Application

FILING DATE: Herewith

FOR: INFRARED SENSOR

**FEE TRANSMITTAL**

COMMISSIONER FOR PATENTS  
ALEXANDRIA, VIRGINIA 22313

FOR	NUMBER FILED	NUMBER EXTRA	RATE	CALCULATIONS
TOTAL CLAIMS	4 - 20 =	0	x \$18 =	\$0.00
INDEPENDENT CLAIMS	1 - 3 =	0	x \$86 =	\$0.00
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS (If applicable)			+ \$290 =	\$0.00
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			BASIC FEE	\$770.00
			TOTAL OF ABOVE CALCULATIONS	\$770.00
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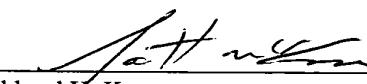
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The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check or credit card payment is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,  
MAIER & NEUSTADT, P.C.

Date: 12-3-03

  
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